



# The Commonwealth of Massachusetts

## Department of Public Safety

### Maintenance Repair Log for Amusement Devices

\_\_\_\_\_  
(Print name of Company)

\_\_\_\_\_  
(Device Name and USID Number)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Print Contact Name)

\_\_\_\_\_  
(Contact E-Mail Address)

Date of Repair / NDE	Details of work performed (Attach all documentation)	Legible Name, Signature of person performing work

\_\_\_\_\_  
Certified Maintenance Mechanic, Date

*An Owner may use an alternate form provided it contains all of the information contained in this form.*